

# **PATENT APPLICATION FEE DETERMINATION RECORD** Effective October 1, 2000

Application or Docket Number

09904786  
7161EP2C47

## **CLAIMS AS FILED - PART I**

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  | 6            |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 6 minus 20 = | 0            |
| INDEPENDENT CLAIMS  | 1 minus 3 =  | 0            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## **CLAIMS AS AMENDED - PART II**

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 5                                | 20                                 | = -           |
| Independent   | 1                                | 3                                  | = -           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| XS 9=     |        | OR | XS18=     |        |
| X40=      |        | OR | X80=      |        |
| +135=     |        | OR | +270=     |        |
| TOTAL     |        | OR | TOTAL     | 710    |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE       | ADDITIONAL FEE |    | RATE       | ADDITIONAL FEE |
|------------|----------------|----|------------|----------------|
| XS 9=      |                | OR | XS18=      |                |
| X40=       |                | OR | X80=       |                |
| +135=      |                | OR | +270=      |                |
| TOTAL      |                | OR | TOTAL      |                |
| ADDIT. FEE |                | OR | ADDIT. FEE |                |

| RATE       | ADDITIONAL FEE |    | RATE       | ADDITIONAL FEE |
|------------|----------------|----|------------|----------------|
| XS 9=      |                | OR | XS18=      |                |
| X40=       |                | OR | X80=       |                |
| +135=      |                | OR | +270=      |                |
| TOTAL      |                | OR | TOTAL      |                |
| ADDIT. FEE |                | OR | ADDIT. FEE |                |

| RATE       | ADDITIONAL FEE |    | RATE       | ADDITIONAL FEE |
|------------|----------------|----|------------|----------------|
| XS 9=      |                | OR | XS18=      |                |
| X40=       |                | OR | X80=       |                |
| +135=      |                | OR | +270=      |                |
| TOTAL      |                | OR | TOTAL      |                |
| ADDIT. FEE |                | OR | ADDIT. FEE |                |

8/30/04

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 5                                | 20                                 | = 0           |
| Independent   | 1                                | 3                                  | = 0           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

Recon.

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 5                                | 20                                 | = 0           |
| Independent   | 1                                | 3                                  | = 0           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".  
 \* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".  
 \* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.